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Fill in this information to identify your case:						
Debtor 1	Jeffrey	Donald	Schwartz			
	First Name	Middle Name	Last Name			
Debtor 2	Harriett	Wendy	Schwartz			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Case Number	40.00070	the : <u>NORTHERN DISTRICT O</u>	F ILLINOIS_			
(If known)	10 00070					

Che	ck if this is:
х	An amended filing
	A supplement showing post-petition
	chapter 13 income as of the following date:
	MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment							
I. Fill in your employment information		Debtor 1		Debtor 2 or non-filing spouse			
If you have more than one job, attach a separate page with information about additional employers.	Employment status	X Employed Not employed	i	Employed X Not employed			
Include part-time, seasonal, or self-employed work.	Occupation						
Occupation may Include student or homemaker, if it applies.	Employers name	Shell					
	Employers address	757 N Eldridge, 6					
	How long employed there?	Since 8/1/2022					
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.							
			For Debtor 1	For Debtor 2 or non-filing spouse			
List monthly gross wages, sala deductions). If not paid monthly,		\$5,120.00	\$0.00				
3. Estimate and list monthly overtime pay.			\$0.00	\$0.00			
4. Calculate gross income. Add lin	ne 2 + line 3.		\$5,120.00	\$0.00			

Official Form 106I Record # 811444 Schedule I: Your Income Page 1 of 2

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 Debtor 1
 Jeffrey
 Donald
 Schwartz
 Case Number (if known)
 19-06979

 First Name
 Middle Name
 Last Name

				For Debtor 1		Debtor 2 or n-filing spouse	
	Сору	y line 4 here	4.	\$5,120.00		\$0.00	
5. L		payroll deductions:					
		ax, Medicare, and Social Security deductions	5a. 	\$972.80	_	\$0.00	
	5b. N	Mandatory contributions for retirement plans	5b. —	\$0.00		\$0.00	
	5c. V	oluntary contributions for retirement plans	5c. 	\$0.00		\$0.00	
	5d. F	Required repayments of retirement fund loans	5d. —	\$0.00		\$0.00	
		nsurance	5e. —	\$0.00	_	\$0.00	
	5f. C	Oomestic support obligations	5f. —	\$0.00	_	\$0.00	
	5g. L	Jnion dues	5g. 	\$0.00	_	\$0.00	
		Other deductions. Specify:	5h. —	\$0.00		\$0.00	
6. A (d the	payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.	6. 	\$972.80		\$0.00	
7. C a	alcula	te total monthly take-home pay. Subtract line 6 from line 4.	7.	\$4,147.20		\$0.00	
8. Li	st all	other income regularly received:					
	8a.	Net income from rental property and from operating a business,					
		profession, or farm					
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total					
		monthly net income.	8a.	\$0.00		\$0.00	
	8b.	Interest and dividends	8b.	\$0.00		\$0.00	
	8c.	Family support payments that you, a non-filing spouse, or a	8c.	\$ 0.00		\$ 0.00	
		dependent regularly receive					
		Include alimony, spousal support, child support, maintenance, divorce					
		settlement, and property settlement.					
	8d.	Unemployment compensation	8d.	\$0.00		\$0.00	
	8e.	Social Security	8e.	\$0.00		\$0.00	
	8f.	Other government assistance that you regularly receive	8f.	\$0.00		\$0.00	
		Include cash assistance and the value (if known) of any non-cash					
		assistance that you receive, such as food stamps (benefits under the					
		Supplemental Nutrition Assistance Program) or housing subsidies.					
		Specify:					
	8g.	Pension or retirement income	8g.	\$2,624.74		\$0.00	
	8h.	Other monthly income. Specify:	8h. —	\$0.00		\$0.00	
9.	Add	all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9	\$2,624.74		\$0.00	
10.		ulate monthly income. Add line 7 + line 9.	10.	\$6,771.94		\$0.00	\$6,771.94
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		, , ,		+	Ψο,
11.	Incluother Do n	e all other regular contributions to the expenses that you list in Schedular de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are resify:	our dependent not available to			dule J. 11.	\$0.00
12.		the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Co		•	applies	s 12.	\$6,771.94
13.		ou expect an increase or decrease within the year after you file this form					
	x						

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 Record #
 811444
 Schedule I: Your Income
 Page 2 of 2

Case 19-06979 Doc 87-2 Filed 11/15/22 Entered 11/15/22 10:30:31 Desc Exhibit Page 3 of 5

Fill in this i	nformation to identify	your case:				
Debtor 1	Jeffrey	Donald	Schwartz	Check if this is:		
	First Name	Middle Name	Last Name	x An amende	ed filing	
Debtor 2	Harriett	Wendy	Schwartz	A suppleme	ent showing post	t-petition chapter 13
(Spouse, if filing)	First Name	Middle Name	Last Name	income as	of the following o	date:
l		:NORTHERN DISTRICT O	F ILLINOIS			
Case Numbe	er19-06979		_	IVIIVI / DD /		
				A separate	filing for Debtor	2 because Debtor 2
Official F	orm 106J			☐ maintains a	a separate house	ehold.
Schedu	le J: Your Ex	xpenses				12/15
Be as complet	e and accurate as pos	sible. If two married peopl	le are filing together, both a	re equally responsible for supplyi	ng correct informa	ation. If
more space is every question		er sheet to this form. On th	ne top of any additional pag	es, write your name and case num	nber (if known). Ar	nswer
	Describe Your Househo	ld				
1. Is this a jo						
 =	Go to line 2.					
X Yes.		a separate household?				
	X No.	ust file a separate Schedul	- 1			
	Yes. Debior 2 m	ust file a separate Scriedul	e J.			
2. Do you	have dependents?	X No		Dependent's relationship to	Dependent's	Does dependent live
Do not I	ist Debtor 1 and	Yes. Fill out	this information for	Debtor 1 or Debtor 2	age	with you?
Debtor 2	2.		dent			X No
Do not s	state the dependents'					Yes
names.						X No
					_	Yes
						X No
						Yes
						X No
						Yes
						X No
						Yes
2						
-	r expenses include es of people other thar					
yoursel	f and your dependents	? Yes				
Part 2:	Estimate Your Ongoing	Monthly Expenses				
Estimate your	expenses as of your	bankruptcy filing date unl	ess you are using this form	as a supplement in a Chapter 13 o	case to report	
expenses as of the applicable		ruptcy is filed. If this is a	supplemental Schedule J, o	check the box at the top of the for	m and fill in	
		cash government assista	nce if you know the value			
of such assis	tance and have include	ed it on Schedule I: Your I	Income (Official Form 106l.)			Your expenses
4. The ren	ıtal or home ownership	expenses for your reside	ence. Include first mortgage	payments and		
any ren	t for the ground or lot.				4.	\$1,538.29
If not in	cluded in line 4:					
4a. R	eal estate taxes				4a.	\$0.00
4b. Pı	roperty, homeowner's, o	or renter's insurance			4b.	\$0.00
4c. H	ome maintenance, repa	ir, and upkeep expenses			4c.	\$50.00
4d. H	omeowner's associatior	n or condominium dues			4d.	\$0.00

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 Record #
 811444
 Schedule J: Your Expenses
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Debtor 1 Jeffrey Donald Schwartz Case Number (if known) 19-06979

	First Name Middle Name Last Name			
			Your expens	es
5.	Additional Mortgage payments for your residence, such as home equity loans	5.		\$0.00
6.	Utilities:			
0.	6a. Electricity, heat, natural gas	6a.		\$381.02
	6b. Water, sewer, garbage collection	6b.		\$138.22
	6c. Telephone, cell phone, internet, satellite, and cable service	6c.		\$436.28
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies	7.		\$650.00
8.	Childcare and children's education costs	8.		\$0.00
9.	Clothing, laundry, and dry cleaning	9.		\$125.00
10.	Personal care products and services	10.		\$100.00
11.	Medical and dental expenses	11.		\$800.00
12.	Transportation. Include gas, maintenance, bus or train fare.	12.		\$540.00
	Do not include car payments.			
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.		\$100.00
14.	Charitable contributions and religious donations	14.		\$0.00
15.	Insurance.			
	Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.		\$121.92
	15b. Health insurance	15b.		\$600.00
	15c. Vehicle insurance	15c.		\$123.78
	15d. Other insurance. Specify:	15d.		\$0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	Specify:	16.		\$0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.		\$0.00
	17b. Car payments for Vehicle 2	17b.		\$0.00
	17c. Other. Specify:	17c.		\$0.00
	17d. Other. Specify:	17d.		\$0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted			
	from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.		\$0.00
19.	Other payments you make to support others who do not live with you.			
	Specify:	19.		\$0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.			
	20a. Mortgages on other property	20a.		\$ 0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

 Official Form 106J
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 Schedule J: Your Expenses
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Debtor 1	Jeffrey	Donald	Schwartz	Case Number (if known)	19-06979	
	First Name	Middle Name	Last Name			
21.	Other. Speci	fy:Pet Care (\$81.75), Postage/Bank	Fees (\$5.00), Insurance loan (\$234.02),		21.	\$320.77
22	Your monthly	expense: Add lines 4 through 21			22.	\$6,025.28
	The result is y	our monthly expenses.				
23.	Calculate you	ır monthly net income.				
	23a. Co	ppy line 12 (your comibined month	ly income) from Schedule I.		23a.	\$6,771.94
	23b. Co	ppy your monthly expenses from lin	ne 22 above		23b. –	\$6,025.28
					1	
		ubtract your monthly expenses fron the result is your monthly net incom	•		23c.	\$746.66
	11	le result is your <i>monthly net incom</i>	е.			
24.	Do vou expe	ct an increase or decrease in you	r expenses within the year after you file t	this form?		
		·	your car loan within the year or do you exp			
	mortgage pay	ment to increase or decrease beca	ause of a modification to the terms of your	mortgage?		
	X No					
	Yes.	Explain Here:				
	_					

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 Record #
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 Schedule J: Your Expenses
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